

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

82 -62-024047

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

245

Primary Registration District No.

3047

Registrar's No.

82

FILED JUN 19 1962

1. PLACE OF DEATH

a. COUNTY

Newton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Neosho

c. FULL NAME OF (If not in hospital, give location)

HOSPITAL OR
INSTITUTION 406 Jefferson Avenue

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Newton

c. CITY

OR

TOWN

Neosho

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)
406 Jefferson Avenue

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Eva

Middle

Mae

Last

Lillibridge

4. DATE
OF
DEATH

Month

June

Day

12

Year

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-28-1894

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 Hrs

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Elk City, Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Addison Taylor Cook

13b. MOTHER'S MAIDEN NAME

Ida Collins

14. NAME OF HUSBAND OR WIFE

Andrew Lillibridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give War or dates of service)

No None

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Andrew Lillibridge, Neosho, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Insufficiency

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb 1960 to 6/12/62 and last saw her alive on 5-29-62
Death occurred at 10.00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Melvin M. Cullough D.O.

22b. ADDRESS

Bx 432 Neosho MO

22c. DATE SIGNED

6/14/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

6-16-1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cemetery

23d. LOCATION (City, town, or county)

Independence, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Thompson Funeral Home, Neosho, Mo.

25. DATE RECD. BY LOCAL REG.

6-15-62

25. REGISTRAR'S SIGNATURE

Maydene Zelka

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0735

2 0735

3

4 1

5 1

6

7 1

8 0

9 4201

10

11

12 90-2

13 6-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jimmie C. Jobe

Licensed Embalmer No. 5140

P. O. Address Neosho, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.